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ABSTRACT

This paper discusses the use of guided design with white student nurses at the Medical College of Virginia Nursing School to help them develop an awareness of and reduce stereotypic responses when they are providing nursing care to black patients. The need for this type of training for both faculty and students is discussed, a series of seminars offered to teach faculty about black-American perspectives in their disciplines is briefly described, and examples are given of some of the problems that can arise if student nurses are not aware of the physiological and psychological differences in other races and cultures. The learning objectives of the guided design, which directs students to use a problem solving process, are listed; the use of a film on racial prejudice and pertinent articles on black culture and health needs to introduce students to the guided design process is briefly described; and a situation used to begin the problem-solving process and student reactions to the situation are discussed. Data on student reactions to the guided design that were obtained using a Likert-type scale and a questionnaire are summarized, and it is concluded that the guided design was a successful tool for use with small clinical groups. The packet of materials for the guided design for students in a psychiatric nursing course is appended to the presentation. (DJR)

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GUIDED DESIGN: SENSITIVITY TO BLACK-WHITE INTERACTIONS WHEN GIVING NURSING CARE*

by

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"If visitors to this country tried to gauge the gravity of problems in American society by their prominence in class discussion, they would consider that racism is not a major problem" (Noonan, 1983).

This quote reflects precisely the feelings I have had for years about our curriculum. Someone has referred to the omission of black content as racial silence. If you looked over bibliographies for students, you would probably find very few references that would help students to give nursing care and to even communicate adequately with black clients. The problem is, of course, not unique to our curriculum nor to our university.

The Medical College of Virginia Nursing School and Hospitals are a part of the Virginia Commonwealth University and are located in the city of Richmond. They are state supported; and, for the most part, the patient population is primarily black.

I have been using the Guided Design with clinical groups of seven to eight students during the community part of the psychiatric nursing experience. While a white student was doing this Guided Design with her group, she stressed quite openly that I needed to be very specific with my title because the original title was very broad and did not specify black-white interactions.

Three years ago the University accepted the challenge to begin to discuss the problem of racial sensitivity in faculty, students and in the curriculum by accepting a grant which offered two week seminars from 1983 to 1985 to teach faculty about black-American prospectives in their disciplines. The seminars were funded by a federal grant from F.I.P.S.E. (Fund for Improvement of Post Secondary Education). The purpose of these seminars was to encourage frank exploration of racial

topics. By discussing the black perspective with colleagues, we became more aware of our own position with regard to black-white issues and then were able to think about helping students to become aware of their concerns with blacks or whites. Even though the grant ended two years ago, the university continues to conduct these seminars with individual schools within the university.

The representation of different races and cultures in our university is not as varied as we hope it will become. Racial prejudice is seldom changed by achieving knowledge or by simply interacting with persons of other races or cultures. Almost all student nurses express real fear and concern about the prospect of having to even visit a black client in his residence.

In this presentation, I plan to discuss three steps from the Guided Design including the objectives, situation, and evaluation. I will share my thoughts and feelings about using the Guided Design. I will relate what happens when students are brought together to examine their feelings and to discover with others fallacies in their thinking about black-white issues in giving nursing care.

Presentation

The main theme of this presentation is to discuss how a Guided Design can be used with student nurses in developing an awareness of and reducing stereotypic responses in nursing care.

A nursing journal article by Hunter and Block (1981) includes an example of a nurse who re-washed a black patient three times because the wash cloth showed that the patient was "still dirty". That nurse was apparently unaware that the pigmented upper layer of black skin normally rubs off when washed. No matter how neat, dignified or beautiful this

black person may be, this nurse will fail to see him as he really is. She will see him through an uninformed bias. The nurse is unlikely to revise this invalid judgement about the black client if the subject of physiological and psychological differences in other races and cultures remains unaddressed as it seems to be in most curricula. The result is that prejudices and ignorance will influence the nurse's evalution of the patient and limit the potential effectiveness of the patient's care (Stuart & Sundeen, 1983).

I have written two different Guided Designs. The first one was written for the beginning student and used in the Introduction to Nursing course. The second was written for use in the Psychiatric Nursing course.

The first few times I used my Guided Design, I found that giving it early in the semester was difficult for both the students and for me. We need to know and trust each other before students can discuss racial topics. Now, I give the Guided Design about mid-semester.

I also learned that I had to work hard on becoming more accepting of statements from students that indicated denial of prejudice or anger toward other races. It is natural to want to try to change these negative attitudes toward blacks and others, but prejudice learned early in life takes time to be unlearned.

The learning objectives of the Guided Design direct the student to use a problem solving process; identify nursing problems, unique to black clients; state physiological and psychological needs of black clients; and specify plans for intervention when racial prejudice influences nursing care (Fernandez, 1985).

Before doing the Guided Design with students, I introduce them to the idea of discussing black-white issues by showing a film on racial prejudice. The students also read and share with each other a number of pertinent articles on black culture and black health needs. I am fairly directive during these activities. I find this method is helpful because it is more gradual and controlled in preparing students for the more stressful content of the Guided Design itself. There was a time when I used the film and articles as a synthesis step in the middle of the Guided Design. I have found it disrupted group process.

The following situation begins the process of problem solving steps in the Guided Design and is based on an actual event involving one of the student nurses.

Situation

"You are one of a group of junior student nurses taking the psychiatric nursing course. As part of the clinical experience you will make several visits to a chronically mentally ill client in the home.

You have already been oriented to the community agency and you are now ready to learn about your client by reviewing the chart. As you read the chart, one of your colleagues says, "I'm not going to visit this man. Listen to this; he thinks his T.V. set sends messages from Mars, he was violent before his last admission, and besides, I never rode the bus in Richmond." As she talks more about her client you learn that he is black and in his thirties. (This student is white and around twenty.)

The student is obviously angry. The other students stop to listen to her and the instructor is also listening. You touch her arm and ask

how you can help her. Before she can answer, the instructor tells the group that we will have a clinical conference that afternoon to discuss the situation and come up with some ideas about how she can identify and solve her problem" (Fernandez, 1985).

Several written comments on the evaluation of the Guided Design seem to focus on fears of this patient's past psychotic behavior, rather than to consider the possibility of racial prejudice. For example, one student wrote, "Lighten up the situation. Student may only be fearful of violent behavior." Perhaps this is out of a need to deny that racial prejudice could exist in a student nurse. It is very difficult for students new to a helping profession to realize that such problems are real and are with us every day.

The possibility of having to take a bus to visit the client continues to be a problem with every student group. They say they fear for their safety and seem to avoid the realization that the city buses are used primarily by blacks and that aggressive behavior on buses is almost non-existent. One student related to us after her home visit that she personally rode the bus for the first time to go with the client to a clinic appointment at the hospital. She told us she was the only white person on the crowded bus, and that she and her client chatted together for the entire ride. When they left the bus, the patient shared that this was the first time she had ever been in public with a white person. The student was able to admit that she had never been the only white person among blacks before. After this disclosure, they hugged each other and the student admitted to us how overwhelmed she felt realizing how much she cared for this lady.

The Guided Design proceeds through the usual problem solving steps with the focus continuing to be on black-white issues. I have had to accept the fact that many students have never completed the last three steps in the Guided Design. I strongly believe students must proceed at their own pace and I have speculated that the group's degree of success in discussing and sharing each other's values and concerns about prejudice is more important than completing the Guided Design.

Evaluation: The original format used is as follows:

I FOUND THIS EXPERIENCE TO BE:

	VERY	SOME-WHAT	NEITHER	SOME-WHAT	VERY	
STIMULATING						BORING
DIFFICULT						EASY
DULL						FUN
HELPFUL						USELESS
LONG						SHORT

The original format did not lend itself to a numerical analysis. I was satisfied with a subjective scan of each group's response to the Guided Design. For purposes of communication to others, I made some alterations to use the Likert-type scaling, showing the following findings:

TOTAL MEAN SCORE OF A NUMERICAL EVALUATION USING
1 = Unsatisfactory -- 5 = Very Satisfactory

CATEGORY	MEAN SCORE
BORING -- STIMULATING	3.5
EASY -- DIFFICULT	3.9
DULL -- FUN	3.5
USELESS -- HELPFUL	3.8
SHORT -- LONG	3.9

The total mean score was established for four out of five groups who have used this Guided Design (N=31). Considering the stressful nature of the topics, and the inclination of the students to "short-circut" the problem solving process by jumping to an immediate decision, the positive results are impressive. I would have been really troubled if the Guided Design was easy, useless or too short. The tabluation results highlighted the consistent middle of the road stance of the evaluation which I had not been aware of earlier. Perhaps this suggests a need to avoid taking sides on such a debatable and emotional concern?

Other questions on the evaluation asked: Did this experience increase your confidence in being able to give effective nursing care; and, give example(s) of how your confidence was increased, or state how you account for no increase in your confidence.

The results of these questions are as follows: twenty-five responded "yes", three "no", and three gave no response.

Student comments to the evaluation question, "Did this experience increase your confidence in being able to give effective nursing care?" were as follows:

YES, with examples:

- Became aware of how prejudice has an effect upon nursing care. (RN student)
- Realized that when conflicted, need to consider all alternatives before solution. (RN student)

(black student)

- Reinforced steps of nurisng process and problem solving.
- Able to recognize own feelings and others and why they feel that way.
- Found I was able to look at many facets and come up with solutions but need work in evaluating solutions.
- Affirmed my viewpoint that I am not particularly racially prejudiced.

No, with examples:

- Have no problems in working with any racial group. (RN student)
- I feel confident in giving effective nursing care. Design is for undergraduate student. (RN student)

The evaluation also asks for students comments regarding changes they feel need to be made in the Guided Design and why. Some examples follow:

- Deal with more than one situation.
- Leave feedback sheets until end. (Instead of after each step.)
- Client's feelings should be bigger issue.

- Do all at one time, including film and articles.
- Allow students to do design individually if they wish as an apathetic student affected the group.
- Not needed for those of us who are not prejudiced. (2 students)
- Have black person speak with group to help with black opinions.
- Interesting and I liked it.

Evaluation results are based on the following courses and number of students that participated in the Guided Design:

Summer 1986 — 7 R.N. Students, Undergraduate. Basic Nursing Course -- given by an interested faculty member at her request.

Spring 1986 — 9 Undergraduate Students in Psychiatric Nursing course.

Spring 1986 — 8 Undergraduate Students in Psychiatric Nursing course.

Fall 1984 — 7 Undergraduate Students in Introduction to Nursing Course

Fall 1984 — 7 Undergraduate Students in Introduction to Nursing Course, did not obtain evaluation.

The FIPSE Project was described as "Having developed within a substantial group of primarily white faculty, new expertise and a sense of commitment to dealing with racial issues in academia" (L. William, 1986).

It helps when there are colleagues in your school who are struggling as you are to involve students in an experience that will help them to function more effectively with black clients. As a result of the FIPSE Seminars, one of the school of nursing faculty completed a survey of our undergraduate curriculum to identify cross-cultural content. The findings revealed that five of the eleven courses surveyed indicated the inclusion of cross-cultural content. However, only one

course included reference to such content in the course objectives and standards (F. Fernandez, 1985). A Guided Design prepared by another faculty member of our school entitled, "Resolution of Conflict in the Work Setting" (Bach, 1984), was used in the senior leadership course.

My frustrations about introducing the concept of black-white issues in nursing care into the curriculum stem from an awareness that attitudes, prejudices and values canot be changed through fromal lectures to large classes. The Guided Design appears to hvar been a successful tool for me to use for small clinical groups. It is exciting to realize that change can occur in spite of resistences from colleagues, students and within myself.

The recently published, Guided Design Guidebook (Coscarelli & White, 1986) is timely for me as I am presently considering ways to reach larger groups of students. My confidence level has increaced and curriculum changes are beginning to include racial and cultural learnings in our school and within the university. For example, there will be a three credit course given in the senior year on "The Changing American Family". The course focuses on four groups, Black, Chicano, Asian-American and low-income families.

My plans for the spring semester include working with an interested faculty member who also attended the FIPSE Seminars. We will develop a Guided Design on black-white issues in psychiatric nursing to be given to the entire group of approximately 55 students. Also, I hope to devise a design to be used for all 110 student nurses in their first introductory course next fall.

Further evidence of overall support from the university occurred last month when the Provost wrote a letter to every school to reinforce

Affirmative Action to produce change in black student retention and graduation rates, and black faculty recruitment and retention. Steps to achieve these goals are concretely stated and seem aimed to bring about results.

Conclusion:

I am constantly challenged in working with black-white issues especially now when some would have us believe that racial prejudice no longer exists in our country. White students come into our program not even considering black-white issues as important and they verbally deny the existance of cultural-racial prejudice. It is important to remember that blacks continue to consider prejudice a priority. In a T.V. report on the "Today Show", a Supreme Court case in the fifties was discussed. The Brown Case represents a black family's fight to be able to place their child in a neighboring all white school. The case is in the news now, thirty years later according to the newscaster because of concerns that black students being taught in all black schools are not receiving an adequate education, whether intentionally or by accident.

"Realistic conflict is like a note on an organ. It sets all prejudices that are attuned to it into simultaneous vibration. The listener can scarcely distinguish the pure note from the surrounding jangle" (Allport, 1954). Allport's thoughts symbolize what student groups go through as they struggle with these issues. I plan to continue to promote student-group interactions over black-white issues in nursing and in education, and hope that these thoughts will be helpful to those of you who care to take on, or continue with this challenge.

GUIDED DESIGN: "SENSITIVITY TO BLACK-WHITE INTERACTIONS WHEN GIVING NURSING CARE"

by

Theresa M. Fernandez, R.N. ©
Assistant Professor
Community & Psychiatric Mental Health Nursing

COURSE: NUR 350 - PSYCHIATRIC MENTAL HEALTH NURSING
LEVEL CREDIT: 6 Credits, Required for Junior Student Nurses

PROJECT TIME SPAN: 2 times per semester (approximately 8 students each block/4 hours each block totalling 8 class hours.)

SUBJECT MATTER: Developing racial awareness and reducing stereotypic responses in nursing care

Box 567, MCV/VCU School of Nursing
MCV Station
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SCHOOL OF NURSING

Medical College of Virginia of

VIRGINIA COMMONWEALTH UNIVERSITY

GUIDED DESIGN: "SENSITIVITY TO BLACK-WHITE INTERACTIONS WHEN GIVING NURSING CARE"

Instruction G & H, Synthesis -

The need for pertinent information from the literature is useful in problem solving. Because of time constraints instead of including this synthesis in the Guided Design, you are asked to select one or two articles from the folder provided and be prepared to share what you have learned from the article in a clinical conference.

As further preparation for doing the Guided Design, you will view a film on racial prejudices and afterward discuss your thoughts and feelings with the group.

GUIDED DESIGN - PSYCHIATRIC MENTAL HELTH NURSING
NUR 350

Instructor: T. Fernandez

OBJECTIVE

Upon completion of this project, students will:

1. utilize a problem solving process.
2. identify nursing problems when caring for a black client.
3. state the unique physiological needs of the black client.
4. specify plans for intervention when racial prejudice influences nursing care.

INSTRUCTIONS

1. Use of the outline, The Decision-Making Process, will facilitate movement through the Guided Design.
2. The printed Instruction-Feedback material will model the step-by-step thinking of a professional. The feedback material is not intended to be a model of the only correct answers.
3. Select a recorder who will keep a written record of the group's ideas and will indicate where the group agrees or disagrees with feedback provided.
4. The group will proceed at its own pace within the time frame provided. The recorder will inform the instructor when each step is completed.
5. The instructor will interact with the group as a consultant who will listen and ask questions and also control the flow of the Feedback-Instruction pages to insure that shorcuts are not taken in the decision-making process.

TMF:dwp
rev. 3/24/86

GUIDED DESIGN:
"SENSITIVITY TO BLACK-WHITE INTERACTIONS WHEN GIVING NURSING CARE"

Situation

You are one of a group of junior student nurses taking the psychiatric nursing course. As part of the clinical experience you will make several visits to a chronically mentally ill client in the home.

You have already been oriented to the community agency and you are now ready to learn about your client by reviewing the chart. As you read the chart, Emily, one of your colleagues says, "I'm not going to visit this man. Listen to this; he lives in an adult home in the poorest section of town, he thinks his T.V. set sends messages from Mars, he was violent before his last admission, and besides, I never rode the bus in Richmond." As she talks more about her client you learn that he is black and in his thirties. (Emily is white and around twenty.)

Emily is obviously angry, the other students stop to listen to her and the instructor is also listening. You touch Emily's arm and ask her how you can help her. Before she can answer, the instructor tells the group that we will have a clinical conference that afternoon to discuss the situation and come up with some ideas about how Emily can identify and solve her problem.

Instruction A - State the Goal

"O.K., where do we start? This could be anyone of us," one student remarked. Another student said, "When there's a problem, you automatically know you have to set the goal that you want to accomplish."
WHAT SHALL BE EMILY'S GOAL?

Feedback A

The group talked about many issues, including their own feelings about the problem which they decided could be developmental, psychological, or emotional. Emily is young so it could be that she is simply not ready to interact with any strange male in their own home. It may be fear or fear based on prejudice, or it could simply be that Emily is not prepared intellectually to handle the task.

The group decided they were not in a position to search for THE cause of Emily's problem, so they would try to find a solution.

Two ideas finally emerged: 1) to assign Emily to another client and 2) to help Emily overcome her fear.

As they discussed these ideas the group realized that the first ideas was really a possible solution rather than a goal. Therefore, Number 2 was selected as the best goal.

Instruction B - Component Analysis (of the Different Parts of the Situation)

When one student remembered that it helps to identify the component parts of a situation before trying to jump to a solution. We need to consider things about the client and Emily, and other aspects about the whole situation. The group went to work to IDENTIFY THE MAJOR COMPONENTS OF THE SITUATION. What major factors are present that can be changed?

Suggested categories for listing component parts:

Emily	Client	Other Factors

Feedback B

The major component parts of the situation identified by the group were listed under the following categories:

Emily	Client	Other Factors
prejudicial feelings	prejudicial feelings	where client lives
fear	fear	expectation of visits to his home
unfamiliarity with role	resentment	use of bus or car alone or accompanied by someone
unfamiliarity with the geographic area	confused regarding role expectations	

Instruction C - Generate Possible Solutions

"These components look like big areas to consider," one student remarked, "but I guess that we can come up with some ideas for possible solutions." So the group then began to LIST ALL THE POSSIBLE THINGS THAT COULD BE DONE TO SOLVE THE PROBLEM. How can each component be changed?

Feedback C

The group considered some of the solutions that would help to meet the goals and organized them under components as follows:

Emily	Client	Others
Ignore the racial difference	Check how the client feels about being assigned to Emily	Assign client to someone else
Obtain information regarding the sociology and psychology of the black client from the instructor	Clarify student role and expectations	Have instructor make initial visits with student
Be accompanied by another student on each visit	Establish a clear contract	Get a ride from another student rather than take the bus
Ask for a different client		Have client meet student at Mental Health Center
Leave nursing		
Accept her feelings of fear and prejudice		
Role play first visit and establishing a contract		
Go to address before day of visit to feel more certain of location and area		

Instruction D - Constraints, Assumptions, Facts

The group felt as if it was really getting somewhere now, but the real challenge came when they began to argue over which solution was the one of choice.

"Before we make a choice," one member said, "We need to IDENTIFY ANY CONSTRAINTS OR LIMITS THAT MIGHT ALTER OUR SOLUTION. ALSO, WE NEED TO MAKE ASSUMPTIONS AND STATE WHAT WE ALREADY KNOW AS FACTUAL."

Suggested categories for listing above:

Constraints (LIMITS) Assumptions (HUNCHES) Facts

Feedback D

The group worked hard on compiling a list, but issues came quickly.

Constraints	Assumptions	Facts
a. Others may not be available to visit Emily's client, and it would not be fair to assign him to another student.	a. Emily does not want to leave nursing.	a. One objective for this clinical experience is that the student visit the client in his home.
b. Other students or staff may not have time to help Emily to plan care.	b. Emily wants to succeed with this assignment.	b. Having a positive interaction with another person is an important therapeutic accomplishment for a chronically mentally ill client.
c. Only a limited number of clients were selected as appropriate for students so another assignment might not be possible.	c. Racial differences cannot be ignored as they affect every interaction.	
d. Client may live a distance from the Mental Health Clinic and so coming to the clinic would be a hardship.	d. The need to give nursing care to persons of other races will occur daily in the professional life of a nurse.	
	e. Nursing care must be as free as possible from racial biases, prejudices or stereotypes. Clients of other races need to be protected against racism.	
	f. The client may have some concerns about being cared for by a young, white, female student.	
	g. Achieving awareness of one's own feelings is difficult and often cannot be done without help.	

Instruction E - Choice

Emily mentioned that the list compiled by the group really helped. She then reached into her backpack for some papers and said, "Our instructor left this format with me to help us to rank each one of our choices!" So the group went to work to consider the constraints, facts, and assumptions as they RANKED ALL OF THEIR SOLUTIONS ON THE FORMAT PROVIDED.

FORMAT FOR RANKING POSSIBLE SOLUTIONS
(Rank by +++, ++, +, NA, -, --, ---)

Instructors for use of format and for ranking the solutions:
The group will "brainstorm" all possible ways to solve the problem and list them on the format. Then, rank each solution by group consensus, +++ being the most useful, and - being the least useful. The solutions with the greatest number of most useful will probably be the ones the group will select to reach their goal.

Possible Solutions	Criteria			
Solutions generated by the group	Effect on patient needs	Effect on student learning and motivation	Effect on level of care	Feasibility

FORMAT FOR RANKING POSSIBLE SOLUTIONS
(Rank by +++, ++, +, NA, -, --, ---)

Possible Solutions	Criteria			
Solutions generated by the group	Effect on patient needs	Effect on student learning and motivation	Effect on level of care	Feasibility

FORMAT FOR RANKING POSSIBLE SOLUTIONS
(Separate page to be given out upon request or if necessary)

By group consensus, the ranking accomplished its purpose as follows:

Possible Solutions	Criteria: Effect on patient needs	Effect on student learning and motivation	Effect on level of care	Feasibility
a. Ignore racial difference.	---	---	--	---
b. Obtain information regarding the social & psychological aspects of black clients.	+++	+++	+++	+++
c. Obtain information about the client.	+++	+++	+++	+++
d. Have someone else visit this client.	+++	---	+++	--
e. Get help in planning and implementing care.	+++	+++	+++	++
f. Get a different assignment.	NA	---	NA	---
g. Leave nursing.	NA	---	NA	---
h. Role play first visit and contract setting.	+++	+++	+++	+++
i. Face feelings of fear and prejudice.	+++	+++	+++	+
j. Find out how the client feels about the assignment of a young, white, female student.	+++	+++	+++	+++

FORMAT FOR RANKING POSSIBLE SOLUTIONS

Solutions	Criteria			
Possible Solutions	Effect on patient needs	Effect on student learning and motivation	Effect on level of care	Feasibility
k. Have instructor go with student on initial visits.	+++	+++	+++	+++
l. Ride with colleague to avoid taking bus.	NA	-	NA	-
m. Have client meet student at Mental Health Center.	---	--	-	- or + ?

Feedback E

The group found the ranking of possible solutions to be an easy task. (The instructor's feedback on the ranking order may be obtained upon request.) The group agreed that the following solutions would accomplish their goal.

Emily will:

(c) obtain information about the client.
(h) role play with student group how to make initial visit and set up the contract.
(i) learn about the fear and prejudice that are likely to occur in most black-white interactions.

The instructor will:

(j) talk with Emily's client hoping he can share any concerns he may have about receiving care from a young white female student.
(k) visit with Emily for the first several visits.

Instruction F - Analysis

"Now that we have some idea about what to do," offered one student, "we need to do an analysis to determine all of the factors that must be considered in our solution."

Someone checked the "Decision Making Process" page and found that using questions, Who, What, When, Where and Why? was a good way to analyze the chosen solutions. With that suggestion, the group PROCEDED TO LIST QUESTIONS THAT WOULD IDENTIFY THE COMPONENTS INVOLVED IN THE DETAILED PLANS.

Feedback F

Upon completing discussion of the analysis, the group compiled a list including the following questions:

1. What guides would Emily use to gain information about her client?
2. What information will she need?
3. With whom will she discuss her feelings?
4. When will the instructor meet with the client?
5. What will the instructor do if the client has decided not to comply with the assignment?
6. What will the instructor do when she is present during the visits?
7. How will instructor know when it is OK for Emily to be on her own?

Instruction G - Synthesis (Definition - combination of parts so as to form a whole)

"Now we're getting somewhere, I can see the end in sight!" remarked one eager student. "Not so fast," another student said. "We need more information." We really know very little about the component parts of this situation."

"He's right," another student remarked "LET'S MAKE A LIST OF TOPICS THAT WE WANT TO KNOW MORE ABOUT."

*OMIT THIS SECTION IF PREVIOUSLY COMPLETED IN CLINICAL CONFERENCE.

Feedback G

The group quickly compiled a list of topics about which they needed more information. The following ideas were included:

1. information about black culture,
2. special needs of the black male client,
3. information about prejudice and how racism effects black-white relationships,
4. information regarding common misconceptions about black people,
5. special problems among blacks,
6. communication with black persons,
7. stress and the black person, and
8. guides for physiological and psychological assessment of black clients.

Instruction H - Synthesis: Step 1

When the group shared their list for more information with their instructor, it was agreed that they would go to the library. The librarian was most helpful. He provided the group with a folder of xeroxed articles on black persons and a bibliography of suggested reading that had been placed on reserve by their instructor.

The librarian also recommended that the group view a film entitled "Prejudice - Causes, Consequences, Cures" in the audiovisual room on the eighth floor of Sanger Hall.

After thanking the librarian, THE GROUP DIVIDED UP THE LITERATURE TO BE REVIEWED AND AGREED UPON A TIME TO VIEW THE FILM.

Feedback H

At the next meeting, the group members shared with each other what they had learned from the articles and film. One of the students commented that having some answers makes it easier to continue with the task.

Instruction I - Synthesis

The group members were pleased with the list of questions that they had compiled and so they BEGAN TO "BRAIN STORM" A LIST OF PLANS FOR PROCEEDING WITH EMILY'S VISIT.

Feedback I

The group members were very pleased with their list and presented the following to the instructor:

1. The data base and an interviewing guide will be used to collect data.
2. Data will be obtained directly from the client; from family members, if available; and from staff. Information on the chart will also be helpful.
3. Student group members are already supportive to each other, enabling Emily or any other group member to share thoughts about fear, prejudice and racism with each other in a constructive way.
4. The instructor will meet with the client before the contract is made to encourage the client to express his feelings about the assignment.
5. The client's wishes will be respected even if they are contrary to the instructor and/or student goals for learning. His needs will determine the priorities.
6. In the planning section of Emily's care plan, areas of implementation with which she will need help from the instructor will be indicated.

Instruction J - Evaluation

The group WILL USE STANDARDS TO DEVISE AN EVALUATION PLAN WHICH WILL INCLUDE POSITIVE AND NEGATIVE CONSEQUENCES THAT MAY OCCUR, AND TO INDICATE WHETHER THE GROUP GOALS HAVE BEEN MET.

Feedback J

The group felt at ease in devising a means for evaluating whether or not the goal had been met. Some of the ideas presented were as follows:

1. the completed care plan on Emily's client,
2. the client's verbalizations regarding their experience together,
3. evidence of need satisfaction or frustration in the client's behavior,
4. Emily's verbalizations about the completion of her assignment,
5. the instructor's verbal and written feedback regarding the care given, and
6. Emily's expressed plans for future care of this client.

Instruction K

The group pulled everything together for closure and MADE A LIST OF RECOMMENDATIONS TO LEAVE WITH THE INSTRUCTOR. One of the recommendats was to have Emily act as a resource person to other students as they are assigned to give nursing care to clients of other races or cultures.

Other recommendations:

EVALUATION OF GUIDED DESIGN
"SENSITIVITY TO RACIAL DIFFERENCES WHEN GIVING NURSING CARE"

Please evaluate this learning experience by answering the following questions.:

1. Complete the following sentence by checking the appropriate box.

   I found this experience to be:

	Very	Some-what	Neither	Some-what	Very	
Difficult						Easy
Dull						Fun
Helpful						Useless
Long						Short

2. Comment regarding changes which you feel need to be made in this design and why.

   _____

   _____

   _____

   _____

   _____

3. Did this experience increase your confidence in being able to give effective nursing care?

   Yes _____ No _____

   Give example(s) of how your confidence was increased.

   State how you account for no increase in your confidence.

TF/dwp
1/20/86

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